## **Emergency Contact Form**

Complete for each instance of use of emergency procedures from Levels III and IV

Student Name:		Date:		
School:	Grade:	DOB:		
Staff in attendance:				
1. What were the circumstances sur	rounding the incident?			
2. What did the student do? (Descri	be the behavior which rec	quired emergency procedures.)		
3. What did the staff do? (Describe	actions and interventions	, how long used, etc.)		

4. Where there any injuries?  If yes, describe:	_Yes	No		
5. What could be done to prevent this from	om happening	g again?		
6. Number of times this behavior has occurr	red:			
7. Time period over which behavior occurre	ed:			
8. Parent notified (within 24 hours):	In Person		Phone	Written
Signature of Person Completing Form		_	Date	
		_		
Signature of LEA Representative			Date	

Staff must notify parents within 24 hours of the use of emergency intervention procedures. A copy of this form must be sent to the local director of Special Education within 24 hours of each use of an emergency intervention.

Emergency interventions can occur no more than once per week, two times in a month, or a total of four times in a year. If the frequency exceeds these guidelines, a modification of the current behavioral intervention plan or an alternative intervention plan must be considered to address the problem behavior. Parent may be provided with a copy of the emergency contact form upon request.